



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

INDIANA ELECTIONS DIVISION

(CFA-4)
Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

2011 APR 27 PM 1:32

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

| | | |
|--|--|---|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name MARION COUNTY GREEN PART-1 | | 3. Committee Telephone Number (317) 603-6807 |
| 2. Acronym or Abbreviated Name (if any) MCGP | | |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address P.O. Box 441105 | | |
| 5. City, State, ZIP Code INDPLS. IN 46204 | | 6. Party Affiliation (if applicable) GPUS / INDIANA GREEN |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|---|--|
| 7. Full Name of Candidate (include any nickname) | 8. Party Affiliation or If Independent Candidate |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) | 10. County of Residence |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | |
|--|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other _____ <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|--|---|

| | | |
|---|--|--------------------------|
| 12. Reporting Period: From: 1-1- Through: 4-8 | COLUMN A This Period 137.10 | COLUMN B Year to Date |
| 13. Cash on hand and investments at the beginning of this reporting period. | | |
| 14. Cash on hand and investments January 1, current year. | | |

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

| | | |
|---|--------------|---------------|
| 15a. Itemized (use Schedule A) | | |
| 15b. Unitemized | 30.00 | |
| 15c. Add lines 15a and 15b in both columns | SUBTOTAL | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B | TOTAL | 167.10 |

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

| | | |
|---|--------------|---------------|
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | | |
| 17b. Unitemized | 28.00 | |
| 17c. Add lines 17a and 17b in both columns | SUBTOTAL | 28.00 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL | 139.10 |
| 19. Debts OWED BY the committee (use Schedule D) | 8 | |
| 20. Debts OWED TO the committee (use Schedule E) | | |

CERTIFICATION

FOR OFFICE USE ONLY

| | | |
|---|--------------------------------|----------------------------|
| I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. | | |
| Signature of Treasurer Bethany M. Hays | Title CO Coordinator | Date 4-27-11 |
| Signature of Candidate (if applicable) | | Date APR 27 2011 |

FILED

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose (IC 3-9-5-5). A person who knowingly makes a fraudulent report commits a Class D felony (IC 3-9-5-12). A person who fails to file a complete or accurate report as required by the Indiana Election Commission commits a Class B misdemeanor (IC 3-9-5-13). A person who fails to comply with the provisions of this act commits a Class B misdemeanor (IC 3-9-5-14).